Applicant	Gesotti	
Serial No.	Not Assigned	INFORMATION
Filing Date	Herewith	DISCLOSURE
Confirmation No.	Not Assigned	STATEMENT
Examiner	Not Assigned	
Group Art Unit	Not Assigned	
Attorney Docket No.	105.007US01	
Title: SYSTEMS AND I	METHODS FOR TREATING	MOVEMENT DISORDERS

MS PATENT APPLICATION Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

In compliance with 37 C.F.R. §§ 1.56 and 1.97, et seq., the enclosed materials are brought to the attention of the Examiner for consideration in connection with the above-identified Application. Applicant respectfully requests that this Information Disclosure Statement be entered and the references listed on the attached Form 1449 be considered by the Examiner and made of record. Pursuant to MPEP §609, Applicant further requests that the Examiner initial next to each reference on the Form 1449 to indicate that the listed references have been considered. Applicant further requests that a copy of the initialed Form 1449 be returned with the next official communication.

The Examiner is invited to contact the Applicant's Representative at the below-listed telephone number if there are any questions regarding this communication.

If the Examiner has any questions or concerns regarding this application, please contact the undersigned at the number listed below.

Respectfully submitted,

Date: 240ch bu 2603

Laura A. Ryan

Attorney for Applicants Fogg and Associates, LLC P.O. Box 581339 Minneapolis, MN 55458-1339 Telephone 612/332-4720 Facsimile 612/677-3553

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			U.S.	PATENT	DOCUM	ENTS		
Examiner Initials*	Cite No.1				A	Name of Patentee or pplicant of Cited Document	Pages, Columns, Lines, Who Relevant Passages or Relev Figures Appear	
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		WO/97/39796		10/30/19	997	Medtronic, Inc.		

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STATEMENT BY APPLICANT (use as many sheets as necessary)			First Named Inventor	Gesotti		
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